

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>AM</i> | 32 | 7/3 |
| FORMALITY REVIEW | <i>AM</i> | 115 | 09-09-01 |
| RESPONSE FORMALITY REVIEW | AM | 917 | 11-09-01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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7/3/08/11